efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

OMB No 1545-0047

DLN: 93493253007888

		foundations)				
•	ment of the Treasu l Revenue Service	Information a	social security numbers on this form as about Form 990 and its instructions is al			Open to Public Inspection
A F	or the 2017 c	 alendar vear, or tax vear be	eginning 01-01-2017 , and ending	12-31-2017	,	
B Che	ck ıf applıcable dress change me change	C Name of organization Science and Environmental Police				identification number 72
☐ Ini	tial return	Doing business as SEPP				
	al return/terminated nended return		ıf mail is not delivered to street address) Ro	om/suite	E Telephone r	number
□Ар	plication pending				(703) 978	-6025
		City or town, state or province, Springfield, VA 22151	country, and ZIP or foreign postal code		G Gross recei	nts \$ 98 604
		F Name and address of prin	cipal officer	H(a)	Is this a group retur	<u> </u>
		KENNETH HAAPALA 9634 Boyett Court			subordinates?	□ _{Yes} ☑ _{No}
		Fairfax, VA 22032		Н(ь)	Are all subordinates included?	Yes No
	x-exempt status) ◀ (insert no)	I	If "No," attach a list	
J W	ebsite:▶ ww	w sepp org		"(c)	Group exemption nu	ımber ▶
K Forn	n of organization	✓ Corporation ☐ Trust ☐	Association Other	L Year	of formation 1990 M	State of legal domicile VA
Pa	rt I Sum	mary			I .	
			on or most significant activities CY RESEARCH ABOUT ENVIRONMENTAL	ISSUES		
nce						
E						
Activities & Governance			n discontinued its operations or disposed			
≯ 5	1		rning body (Part VI, line 1a) rs of the governing body (Part VI, line 1			3 7 4
ties			n calendar year 2017 (Part V, line 2a)	•		5 0
<u>₹</u>	6 Total nur	nber of volunteers (estimate if	necessary)			6 0
A			Part VIII, column (C), line 12			7a 0
	b Net unre	lated business taxable income	from Form 990-T, line 34			7b
		(D. 1) (TTT. 1	413		Prior Year	Current Year
Ę		, ,	e 1h)	-	34,640	0 29,335
Rəvenue	_	, , ,	(A), lines 3, 4, and 7d)		65,570	_
ď		•	ines 5, 6d, 8c, 9c, 10c, and 11e)		· · ·	0
	12 Total rev	enue—add lines 8 through 11	(must equal Part VIII, column (A), line	12)	100,210	98,604
		, ,	IX, column (A), lines 1–3)		60,000	+ '
		,	X, column (A), line 4)	<u> </u>	F1 004	0
SS	1		e benefits (Part IX, column (A), lines 5- column (A), line 11e)	· —	51,000	0 0
Expenses		raising expenses (Part IX, column (I	, ,,			+
ŭ	17 Other ex	penses (Part IX, column (A), lı	nes 11a–11d, 11f–24e)	-	51,088	8 142,696
	18 Total exp	enses Add lines 13-17 (must	equal Part IX, column (A), line 25)		162,088	8 152,696
. 40	19 Revenue	less expenses Subtract line 1	8 from line 12		-61,878	<u>'</u>
Net Assets or Fund Balances				Beg	inning of Current Yea	r End of Year
SS 6	20 Total ass	ets (Part X, line 16)			2,379,26	7 2,594,602
# PE		ollities (Part X, line 26)			24,200	0 24,200
	<u> </u>	ts or fund balances Subtract li	ne 21 from line 20		2,355,06	7 2,570,402
		ature Block erjury, I declare that I have ex	kamined this return, including accompar	nying schedu	les and statements, a	and to the best of my
	ledge and belie nowledge	f, it is true, correct, and comp	lete Declaration of preparer (other than	n officer) is b	ased on all informati	on of which preparer has
<u> </u>	L					
c:~~	***** Signat	* ure of officer			2018-05-15 Date	
Sign Here	. I.	TH HAAPALA PRESIDENT				
		r print name and title				
	I 1	rint/Type preparer's name OEL F CASSMAN CPA	Preparer's signature JOEL F CASSMAN CPA	Date 2018-09-0	Op Check I of PTI	N 0689272
Paid)	Firm's name Doel Cassman CPA			self-employed Firm's EIN ▶	
-	parei -	Firm's address > 1600 S Eads St 11			Phone no (571) 22:	1-0784
use	Only	Arlıngton, VA 222	02			

☑ Yes ☐ No

	990 (2017)				Page 2
Par	t IIII Stateme	nt of Program Service	Accomplishments		
	Check if So	chedule O contains a respons	se or note to any line in this Part II	I	🗹
1	Briefly describe th	e organization's mission			
Supp	ort scientific and pu	ıblıc			
2	Did the organizati	on undertake any significant	program services during the year	which were not listed on	
	the prior Form 99	0 or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describe	these new services on Scheo	dule O		
3	Did the organizati	on cease conducting, or mak	ke significant changes in how it con	ducts, any program	
	services?				🗌 Yes 🗹 No
	If "Yes," describe	these changes on Schedule	0		
4	Section 501(c)(3)		are required to report the amount	e largest program services, as measu of grants and allocations to others, t	
4a	(Code) (Expenses \$	34,500 including grants of \$) (Revenue \$)
	See Additional Data				
4b	(Code) (Expenses \$	10,000 including grants of \$	10,000) (Revenue \$)
4b	(Code See Additional Data) (Expenses \$	10,000 including grants of \$	10,000) (Revenue \$)
4b 4c	`) (Expenses \$) (Expenses \$	10,000 including grants of \$ 58,000 including grants of \$	10,000) (Revenue \$) (Revenue \$)
	See Additional Data				,
	See Additional Data (Code				,
	(Code See Additional Data) (Expenses \$) (Expenses \$	58,000 including grants of \$ 11,304 including grants of \$) (Revenue \$)
	(Code See Additional Data (Code See Properties of the Code SEPP Chairman Emeinternational) (Expenses \$) (Expenses \$	58,000 including grants of \$ 11,304 including grants of \$ la represented the organization as speak) (Revenue \$) (Revenue \$)
4c	(Code See Additional Data (Code See Properties of the Code SEPP Chairman Emeinternational) (Expenses \$) (Expenses \$ ritus Singer and President Haapa	58,000 including grants of \$ 11,304 including grants of \$ la represented the organization as speak) (Revenue \$) (Revenue \$)

Checklist of Required Schedules

Section 501(c)(3) organizations.

3

4

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6

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9

10

11a

11b

11c

11d

11e

11f

12a

12b

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14a

14b

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18

19

or X as applicable

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	9
2	Ι

1
2
3

is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . 2

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space.

Did the organization maintain collections of works of art, historical treasures, or other similar assets?

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

lines 1c and 8a? If "Yes," complete Schedule G, Part II

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

No Nο

Nο

No

Nο

No

Nο

No

Nο

Nο

Nο

No

No

Νo

Nο

Nο

No

Nο

Nο

Νo

Nο

No

Nο

Νo

No

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Page 3

No

23

29

Nο

Νo

Nο

No

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TV Checklist of Peguired Schedules (continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Pai	Checklist of Required Schedules (continued)				
			Yes	No	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h			

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. column (A), line 2? If "Yes," complete Schedule I, Parts I and III

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

21 22 23

24a

24b

24c

24d

25a

25b

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28a

28b

28c

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33

34

35a

35h

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37

Yes

Yes

orm '	990 (2017)			Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
		50		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
٥-	Did the annual a	8		No
	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		No
	Section 501(c)(7) organizations. Enter	90		No
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
С	2. The amount of reserves on hand	, ,		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

orm 9	990 (2017)			Page 6
Part	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	·	nse to li	
Sec	Check If Schedule O contains a response or note to any line in this Part VI	• •		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c		
	Did the organization have a written whistleblower policy?	13		No
	Did the organization have a written document retention and destruction policy?	14		No
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		No
	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	464		
	ction C. Disclosure	16b		<u> </u>
	List the States with which a copy of this Form 990 is required to be filed			
18	VA Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
4.0	Own website Another's website Upon request Other (explain in Schedule O)			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records			
	State the name, address, and telephone number of the person who possesses the organization's books and records ▶KENNETH HAAPALA 9634 Boyett Court Fairfax, VA 22032 (703) 920-2744			0 (2017)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

Check if Schedule O contains a response or note to any line in this Part VII .

- List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the
- organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations
- List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

L Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) (B) (C) (D) (F) (E) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person amount of other compensation compensation week (list is both an officer and a from the from related compensation any hours director/trustee) organizations organization from the for related (W- 2/1099-(W- 2/1099organization and Highest employ individual to or director organizations MISC) MISC) related Institutional below dotted organizations emplo nest compensated line) Ø. trustee P Trustee 40 00 (1) S FRED SINGER 34,500 0 Chairman Emeritus 40 00 (2) KENNETH A HAAPALA Х 58,000 0 President 5 00 (3) DONNA BETHELL Х 0 0 Х Secretary/Treasurer 1.00 (4) TOM SHEAHEN 0 Ω Χ Chairman 1.00 (5) IVAN BEKEY Х 0 0 Executive Vice President 1 00 (6) CRAIG IDSO Х O 0 Ω 1 00 (7) WILLIE SOON 0 Form 990 (2017)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) (B) (C) (D) (E) (F)

Page 8

	(A) Name and Tıtle	(B) Average hours per week (list any hours	than c	ne b	ox, ι n of	t che unles ficer	eck moss pers and a ee)	son	Repo compo froi organiz	(D) ortable ensation m the ration (W		cion ed s (W-	compensation N- from the		
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/109	9-MISC)	2/1099-MIS	5C)	-	nizatio relate janiza	d
						<u> </u>									
c T	Sub-Total	art VII, Sectio	nΑ.				* _			92,500					
2	Total number of individuals (including of reportable compensation from the		to thos	e liste	ed a	bove	e) who	rece	eived mo	re than s	100,000				
_													Y	'es	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 3</i>			ee, k			oyee, o		ghest cor	npensate	ed employee on	3			No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual															
5	Did any person listed on line 1a receivervices rendered to the organization	ve or accrue cor	npensat	tion fr	om	any	unrela		_			5			No
Se	ection B. Independent Contract					_						3			NO
1	Complete this table for your five high from the organization Report comper	est compensate										comper	nsatio	n	
		(A) and business addre									(B) scription of service	s	Co	(C) ompen	
						_									
													1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization >

Part \	VIII Statement of Revenue						rage 3
	Check if Schedule O contains a	a response o	r note to any l	ine in this Part VIII			🗆
				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a Federated campaigns	1a			revenue		512-514
nts	b Membership dues	1b					
irai 10 u	c Fundraising events	1c					
ons, Gifts, Grants Similar Amounts	d Related organizations	1d					
單		L					
S, (e Government grants (contributions)	1e					
ion S	f All other contributions, gifts, grants, and similar amounts not included	1f	29,335				
but the	above						
i j	g Noncash contributions included in lines 1a-1f \$						
Contributions, Giffs, Grants and Other Similar Amounts	h Total.Add lines 1a-1f		. •	29,335			
	J 		Business				
12	2a						
<u>چ</u>	b —	_					
<u>د</u>	c	_					
Ye	d	_					
٤	e ————————————————————————————————————	_					
Program Service Revenue	f All other program service revenue						
Ĕ	9Total. Add lines 2a-2f	. •					
•	3 Investment income (including divid-		st, and other	60.260			
	similar amounts)		[◀ ▲ مدمدی	69,269	7		
	5 Royalties		roceeds ► •				
	(i) Real		ı) Personal				
	6a Gross rents	<u> </u>	·				
	b Less rental expenses						
	D Less Territal expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)			1			
	(i) Securit		· ► (II) Other				
	7a Gross amount		(,				
	from sales of assets other						
	than inventory						
	b Less cost or other basis and						
	sales expenses						
	C Gain or (loss) d Net gain or (loss)						
	8a Gross income from fundraising even						
	(not including \$	of					
र्	contributions reported on line 1c) See Part IV, line 18	. a					
Other Revenue	b Less direct expenses	ь					
ē	${f c}$ Net income or (loss) from fundrais	sing events	· · •				
ot	9a Gross income from gaming activities See Part IV, line 19	es					
	See rait IV, line 19	a					
	b Less direct expenses	ь					
	${f c}$ Net income or (loss) from gaming	activities .	· •				
	10aGross sales of inventory, less returns and allowances						
	returns and anowarites	a					
	b Less cost of goods sold	ь					
	c Net income or (loss) from sales of	inventory .	. >				
	Miscellaneous Revenue		siness Code				
	11a						
	ь						
	с						
	d All other revenue						
	e Total. Add lines 11a-11d		. •	-			
	12 Total revenue. See Instructions			98.604	4 69.26		
				98,604	†I 69,269	7	Form 990 (2017)

Form 990 (2017)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns	lumns All other orga	nızatıons must comp	lete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21		·		
2 Grants and other assistance to domestic individuals See Part IV, line 22	10,000	10,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management	92,500	92,500	0	0
b Legal	12,934	0	12,934	0
c Accounting	3,175	0	3,175	0
d Lobbying	-,		-7	
e Professional fundraising services See Part IV, line 17	+			
f Investment management fees	21,533	0	21,533	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	21,555		21,555	
12 Advertising and promotion	680	0	680	0
13 Office expenses		-		-
14 Information technology	545	0	545	0
	313	-	313	
15 Royalties				
16 Occupancy	11 201	11 204	0	0
17 Travel	11,304	11,304	U	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials •				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a State corporations fee	25	0	25	0
b				
C				_
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	152,696	113,804	38,892	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Form **990** (2017)

2

3

Liabilities

Fund Balances

Assets or 30

Net

27

28

29

31

32

33

34

13,323

2.581,279

2,594,602

24,200

24,200

2,570,402

2,570,402

2.594.602

Form **990** (2017)

(B) End of year

Page **11**

Check if Schedule O contains a response or note to any line in this Part IX .

Cash-non-interes

t-bearing .

Savings and temporary cash investments . . . Pledges and grants receivable, net . . Accounts receivable, net .

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete

Part II of Schedule L . . Notes and loans receivable, net . Inventories for sale or use . Prepaid expenses and deferred charges

10a basis Complete Part VI of Schedule D

10b Less accumulated depreciation

Assets 10a Land, buildings, and equipment cost or other

11 Investments—publicly traded securities .

12 Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11

13 14 Intangible assets

15

Other assets See Part IV, line 11 .

16 Total assets. Add lines 1 through 15 (must equal line 34) . .

17 Accounts payable and accrued expenses 18 Grants payable . .

19 Deferred revenue . . . Tax-exempt bond liabilities 20

21 22

Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L .

Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties

23 24 Other liabilities (including federal income tax, payables to related third parties, 25 and other liabilities not included on lines 17-24)

Complete Part X of Schedule D 26

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Total liabilities. Add lines 17 through 25 . .

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

complete lines 27 through 29, and lines 33 and 34.

Organizations that follow SFAS 117 (ASC 958), check here ightleftarrows and

Unrestricted net assets

Temporarily restricted net assets Permanently restricted net assets

24,200 26 2,355,067 27

(A)

Beginning of year

511

1

2

3

4

5

6

7

8

9

10c

11 12

13

14

15

16

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18

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22 23

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25

28

29

30

31

32

33

34

2,355,067

2.379.267

2,378,756

2,379,267

24,200

2c

3a

3b

Nο

Nο

Form 990 (2017)

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

Additional Data

Software Version:

EIN: 54-1645372 Name: Science and Environmental Policy Project

Software ID: 17005306

Form 990 (2017)

Form 990, Part III, Line 4a:

PUBLISHED RESEARCH PAPERS ON PUBLIC POLICY RESEARCH ON ENVIRONMENTAL ISSUES

Form 990, Part III, Line 4b: FUNDED THE ANNUAL FRED SEITZ AWARD AND GAVE THE AWARD TO DR. WILLIE SOON

Form 990, Part III, Line 4c: PUBLISHED A WEEKLY ON-LINE NEWSLETTER "("THE WEEK THAT WAS") AND A WEBSITE ON ENVIRONMENTAL AND SCIENTIFIC POLICY ISSUES

efil	e GR/	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9:	3493253007888
	m 99	OULE A	Con		Charity Statu rganization is a sect 4947(a)(1) nonexe	ion 501(c)(3) c empt charitable	organization or trust.	ort	2017
•		f the Treasury	► Infe	ormation abou	ıt Schedule A (Form			ıctions is at	Open to Public Inspection
Nam	e of th	nue Service he organiza			<u>www.m3.g</u>	<u> </u>		Employer identific	<u> </u>
		Environmental						54-1645372	
	rt I				us (All organization e it is (For lines 1 thro			See instructions.	
1	n yannz		•		sociation of churches	- '	•	(A)(i)	
2		•		·					
					1)(A)(ii). (Attach Sch	•	• •		
3		·			vice organization desc			•	
4	Ш		esearch orga and state _	nization operati	ed in conjunction with	a hospital descri	bed in section :	1/U(b)(1)(A)(III). E	nter the hospital's
5		(b)(1)(A)	(iv). (Comple	ete Part II)	t of a college or unive				ped in section 170
6		A federal, s	tate, or local	government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	\)(v).	
7	✓			mally receives ([vi]. (Complete	a substantıal part of ıt ! Part II)	s support from a	governmental u	init or from the genera	al public described in
8					170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a
10		from activit	ies related to income and	ıts éxempt fun unrelated busın	(1) more than 331/39 octions—subject to cer less taxable income (leading)	taın exceptions, a	and (2) no more	than 331/3% of its su	- '
11		An organiza	ation organize	ed and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported	organizations o	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or sec	ction 509(a)(2). See <mark>section 509(a</mark>	
a		Type I. A so	supporting or n(s) the pow	ganization oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by	
b		Type II. A manageme	supporting o nt of the sup	rganızatıon sup	ervised or controlled i				
С		Type III f	unctionally i	ntegrated. A s	supporting organizatio ions) You must com				ted with, its
d		functionally	integrated i	The organizatio	d. A supporting organ n generally must satis t IV, Sections A and	fy a distribution i	requirement and		
e		Check this	box if the org	anization receiv	ved a written determir	nation from the II		pe I, Type II, Type II	functionally
f	Enter			on-functionally organizations	integrated supporting	organization			
g				-	ipported organization(s)			
		Name of supp organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	т.	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Tota		work Bodes	tion Act Not	ica cac tha T	nstructions for	Cat No 11285	<u> </u>	 Schedule A (Form 9	00 or 990-E7\ 2017

supported organization

(b)(1)(A)(ix)

Page 2

	(Complete only if you che						to qualif	under Part
	III. If the organization fa	ils to qualify und	ler the tests liste	ed below, please	complete Part	III.)		
S	ection A. Public Support	Г			Т			
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e)	2017	(f) Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and							
L	membership fees received (Do not	74,750	88,308	38,925	34,640		29,335	265,958
	include any "unusual grant ")	, 1,,, 30	00,500	30,323	31,010		23,333	200,500
2	Tax revenues levied for the							
_	organization's benefit and either paid							
	to or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	74,750	88,308	38,925	34,640		29,335	265,958
5	The portion of total contributions by							
	each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the amount							
	shown on line 11, column (f)						-	
5	Public support. Subtract line 5 from							265,958
_	line 4							·
	ection B. Total Support	ı						
	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b) 2014	(c)2015	(d)2016	(e)2	2017	(f)Total
7	Amounts from line 4	74,750	88,308	38,925	34,640		29,335	265,958
8	Gross income from interest,	74,730	00,300	30,323	34,040		25,555	203,330
0	dividends, payments received on							
	securities loans, rents, royalties and	60,182	70,352	73,750	65,570		69,269	339,123
	income from similar sources							
9	Net income from unrelated business							
,	activities, whether or not the							
	business is regularly carried on							
10	Other income Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part VI)							
11	Total support. Add lines 7 through							605,081
	10							
12	Gross receipts from related activities, e	tc (see instruction	ns)			12		
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth t	ax year as a sect	on 501	c)(3) orga	nization,
	check this box and stop here	=			•			•
_	section C. Computation of Public					• • •	· · · · <u> </u>	
	-		_	l (6))		1		
	Public support percentage for 2017 (lin			iumn (r))		14		43 950 %
	Public support percentage for 2016 Sch					15		48 240 %
16a	33 1/3% support test—2017. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or	more, c	heck this b	
	and stop here. The organization qualif	ies as a publicly su	ipported organizat	on				▶ ☑
b	33 1/3% support test-2016. If the	organization did r	not check a box on	line 13 or 16a, an	nd line 15 is 33 1/	3% or m	ore, check	this
_	box and stop here. The organization	_			-,			▶ □
	10%-facts-and-circumstances test	quaimes as a publi — 2017 If the ora:	anization did not d	nnzation nack a hov on line	13 162 or 16h	and line	. 1./	- -
1/a	is 10% or more, and if the organization	mosts the "facts-	anization did not ci	" test shock this	hov and stop hor	anu iine	: 14	
	in Part VI how the organization meets t							
	-	.ne racis-anu-cifci	ambiances lest I	ne organization qu	admico do a public	iy supp	Ji LEU	, n
	organization							▶□
b	10%-facts-and-circumstances tes						nd line	
	15 is 10% or more, and if the organization						cly	

20

	Support Schedule for						
	(Complete only if you c						er Part II. If
· ·	the organization fails to	quality under t	ne tests listed l	pelow, please co	impiete Part II.)	
36	ection A. Public Support Calendar year			I			
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are						
•	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
6	the organization without charge Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
/ a	3 received from disqualified persons						
h	Amounts included on lines 2 and 3						
_	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
36	ection B. Total Support			1	T		1
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	(or fiscal year beginning in) ► Amounts from line 6						
_	Gross income from interest,						
.0a	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
ь	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						1
С							
11	Net income from unrelated business						
11	Net income from unrelated business activities not included in line 10b,						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c,						
12 13	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)	r the over-	In fivok account to	and faunth as 5.5		chan E01/a)/2)	
12	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for	r the organization	's first, second, tl	hird, fourth, or fift	h tax year as a se	ction 501(c)(3) c	rganization,
12 13 14	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here			hird, fourth, or fift	h tax year as a se	ction 501(c)(3) c	rganızatıon, ▶ □
12 13 14	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here	Support Perce	ntage		h tax year as a se	ction 501(c)(3) c	rganization, ▶ □
12 13 14	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here	Support Perce	ntage		h tax year as a se	ction 501(c)(3) c	rganization, D 0
12 13 14	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here	Support Perce e 8, column (f) di	ntage vided by line 13,		h tax year as a se		▶ □
12 13 14 Se 15 16	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ection C. Computation of Public Section County of the public support percentage from 2016 Section	Support Perce e 8, column (f) di chedule A, Part II	ntage vided by line 13,		h tax year as a se	15	▶ □
12 13 14 Se 15 16 Se	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ection C. Computation of Public Section D. Computation of Investigation 1.	Support Perce e 8, column (f) di chedule A, Part II nent Income	ntage vided by line 13, II, line 15 Percentage	column (f))	·	15 16	0
12 13 14 Se 15 16 Se 17	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ection C. Computation of Public Section D. Computation of Investing Investment income percentage for 2017	Support Perce e 8, column (f) di chedule A, Part II nent Income 17 (line 10c, colur	ntage vided by line 13, II, line 15 Percentage nn (f) divided by	column (f))	·	15 16	▶ □
12 13 14 Se 15 16 Se 17 18	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ection C. Computation of Public Section D. Computation of Investing Investment income percentage from 2017 (Investment income percentage from 2013).	Support Perce e 8, column (f) di chedule A, Part II nent Income 17 (line 10c, colur 016 Schedule A,	ntage vided by line 13, II, line 15 Percentage nn (f) divided by Part III, line 17	column (f)) line 13, column (f))	15 16 17 18	0
12 13 14 Se 15 16 Se 17 18 19a	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ection C. Computation of Public Section D. Computation of Investing Investment income percentage for 2017	Support Perce e 8, column (f) di chedule A, Part II ment Income 17 (line 10c, colur 016 Schedule A, organization did n	ntage vided by line 13, II, line 15 Percentage nn (f) divided by Part III, line 17 oot check the box	column (f)) line 13, column (f on line 14, and lin)) ne 15 is more than	15 16 17 18 33 1/3%, and lir	0

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is

not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

ightharpoons

Page 4

5b

5c

6

7

8

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2017

organization's organizing document?

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

6

7

8

10a

answer line 10b below

_			
		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,		
	describe the decignation. If historic and continuing relationship, explain	 	├

describe the designation If historic and continuing relationship, explain	1	Ι
Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
ın section 509(a)(1) or (2)	2	Ι

	describe the designation If historic and continuing relationship, explain	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
_			$\overline{}$

	(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		
	determination	3b	
•	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(R) numbers?		

	below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		·	
	checked 12a or 12b in Part I, answer (b) and (c) below	4a		

	determination	3b	1	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections			
	501(c)(3) and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support		1	

		4a		
b	If the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)		<u> </u>	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the			

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defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
provide detail in Part VI.
                                                                                                                               9a
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Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (1) its supported organizations, (11) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

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Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
organization had an interest? If "Yes," provide detail in Part VI.
                                                                                                                                 9b
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Pa	Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	Section B. Type I Supporting Organizations			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in P VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	art		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization			
	Carting C. Tong II Comparing Operations			
3	Section C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	s of	103	
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	Section D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	ın		
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in organization's investment policies and in directing the use of the organization's income or assets at all times during the year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard			
_	Section E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	uctions)		
_	a The organization satisfied the Activities Test Complete line 2 below	,		
	b The organization is the parent of each of its supported organizations Complete line 3 below			
	c The organization supported a governmental entity Describe in Part VI how you supported a government entity is	see instru	ctions)	
			,	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	ed 2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization involvement	′s 2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	-5		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each the supported organizations? Provide details in Part VI .	of 3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard</i>	3b		

Page **6**

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrat		ganization (see

3	Administrative expenses paid to accomplish exempt purposes of supported organizations	<u> </u>		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	LO Line 8 amount divided by Line 9 amount			

8	Distributions to attentive supported organizations to wh details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			

details in Part VI) See instructions				
(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017		
	(i)	(i) (ii) Underdistributions		

9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(iii) Distributable Amount for 2017		
Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			

e From 2016. f Total of lines 3a through e

d Excess from 2016. . . . e Excess from 2017.

instructions)

g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount

c Remainder Subtract lines 4a and 4b from 4		
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
7 Excess distributions carryover to 2018. Add lines 3j and 4c		

lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
7 Excess distributions carryover to 2018. Add lines 3 ₁ and 4c		
8 Breakdown of line 7		
a Excess from 2013		
b Excess from 2014		
c Excess from 2015		

Schedule A (Form 990 or 990-EZ) (2017)

Additional Data

Software ID: 17005306

Software Version:

EIN: 54-1645372

Name: Science and Environmental Policy Project

Page 8

Schedule A (Form 990 or 990-EZ) 2017 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV,

Part VI Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

Facts And Circumstances Test

efile GRAPHIC prin	t - DO N	OT PROCESS	As Filed Data -					DLI	N: 934932530	07888
Grants and Other Assistance to Organizations, Governments and Individuals in the United States						0	OMB No 1545-0047			
							2017			
Department of the Treasury Internal Revenue Service	Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. ▶ Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u> .								Open to Public Inspection	
Name of the organization	hal Dalaas F						Emp	oloyer identific	ation number	
Science and Environment	tal Policy F	roject					54-	1645372		
			and Assistance							
				the grants or assistance,		for the grants or assistan	ce, and		☑ Yes	□ No
		_		se of grant funds in the Ui					₾ fes	□ NO
				nd Domestic Governme ditional space is needed	ents. Complete if the o	rganization answered "Yes	" on Form 990), Part IV, line	21, for any recip	ient
(a) Name and addre organization or government		(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		cription of assistance	(h) Purpose o or assistance	f grant
(1)										
(2)										
(3)										
(4)										
(5)										
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(12)										
			-	s listed in the line 1 table				•		2
For Paperwork Reduction					Cat No 50055				edule I (Form 990) 2017

Part IV

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Explanation Return Reference

Schedule I (Form 990) 2017

efile GRAPH	IC print - DO NOT PROCESS	As Filed Data -	DLN	l: 93493253007888
SCHEDUL (Form 990 or EZ)	990- Complete to pro Form 990 a ► Information abou	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.		OMB No 1545-0047 2017 Open to Public Inspection
Internal Revenue Service Name of the organization Science and Environmental Policy Project 54-1645				tification number
990 Schedule Return	e O, Supplemental Informatio	on Explanation		
Reference Pt VI, Line 11b	The SEPP Board receives a copy o	f the annual financial statements and	the previous year's Form 990 at its	s annual board meeting

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990, Part III, Line

SEPP Chairman Emeritus Singer and President Haapala represented the 11304 0 0